License Type: 34 One Day Beer & Wine License Nontransferable

LICENSE NO. 9550603 Receipt No. 2540073

Fee Paid

\$50.00

Geographical Code 1933

APPLICATION:

Pursuant to the authority granted by the organization named below, the undersigned hereby applies for the above designated license(s) for the location also described below.

ORGANIZATION:

HOLLYWOOD FOREVER INC-ENDOWMENT CARE & MEMORIAL CARE

LOCATION ADDRESS:

5970 SANTA MONICA BLVD LOS ANGELES, CA 90038

TYPE OF EVENT:

CONCERT

HR/DATES DURING WHICH ALCOHOL WILL BE SOLD:

November 29, 2018

8PM-11PM

ESTIMATED ATTENDANCE:

295

AUTHORIZED REPRESENTATIVE / ADDRESS

JAY BOILEAU 5970 SANTA MONICA BLVD LOS ANGELES, CA 90038

LICENSE:

The above-named organization is hereby licensed, pursuant to Section 24045.1 of the Business and Professions Code and Rule 59.5 of the California Code of Regulations, to engage in the temporary sale of alcoholic beverages for consumption at the above-named location for the period authorized below. This license does not include off-sale ("to-go") privileges. This license may be revoked summarily by the Department if, in the opinion of the Department and/or the local law enforcement agency, it is necessary to protect the safety, welfare, health, peace, and morals of the people of the State.



Good for 1 day(s). Date Issued November 16, 2018.

Director of Alcoholic Beverage Control

Ву_ ДИ

| Instructions: Compl | ete all items. Sub | mit to local ABC | HORIZATION - N District Office with require | ed fee (Cashier's Chec | k or | ICENSE NUMBER | GEO CODE | |
|---|--|------------------------|---|---|------------------------|---------------------|---------------------|--|
| Money Order) payable to ABC. Once license is issued, fee cannot be refunded. For a listing of ABC District Offices please visit http://www.abc.ca.gov/distmap.html Pursuant to the authority granted by the organization named below, the undersigned hereby applies for the | | | | | | RECEIPT NUMBER | <u> </u> | |
| license(s) described below. | | | | | 1 | FEE \$ | | |
| . ORGANIZATION'S NAME | | | | CONDITIONS REQUIRED | | DIAGRAM REQUIRED | | |
| Hollywood Forever Inc Endowment Care & Memorial Care | | | | Yes | No | Yes | No | |
| 2. LICENSE TYPE | (Check approp | riate license typ | e AND organization typ | e) | | | | |
| Daily Genera | | | r, wine and distilled spi | | | | | |
| Political Party/Affiliate Supporting Candidate for Public Office or Ballot Measure | | | | Fraternal Organization in Existence Over Five Years with Regular Membership | | | | |
| Organizati | Organization Formed for Specific Charitable or Civic Purpose | | | | Religious Organization | | | |
| Other: | | | | Vessel per Section 24045.10 B&P (\$50.00) | | | | |
| b. Special Dail | y Beer (\$25.00) | 1 | Special Daily Bee | r & Wine (\$50.00) | | Special Dail | y Wine (\$25.00) | |
| Charitable | | Social | Political | Other: | | | | |
| Civic | Religious | Cultural | Amateur Sports | Organization | | NUMBER OF DISPENSI | NG POINTS | |
| c. Special Ten | nporary Licens | e (\$100.00) | (Different privile | ges depending on st | tatute) | | | |
| | | ction 24045.2 or | 24045.9 B&P | Person conduct | ing Estate Win | ne Sale per Section | 24045.8 B&P | |
| b.c.mar | | | 5.4 and 24045.6 B&P | | | Charitable Orga | | |
| _ | | | | Section 24045 | 5.3 B&P | | | |
| License num | | Licenses, per S | Amount | \$ | | | | |
| 3. EVENT TYPE | | | | Darbonio | T Social (| Gathering | Festival | |
| Dinner Sports Event | Dance Concert | Wedding Birthday | Lunch Picnic Mixer Carniv | Barbeque al Dinner Dance | | Jatriering | | |
| 4. TOTAL # OF DAYS | 5. ESTIMATED ATT | TENDANCE | 6. HOURS OF ALCOHOLIC BE | VERAGE SALES, SERVICE A | | | | |
| 3 2 | 295 per nig | ght | From 8:00pm | | To | 11:00pm | | |
| 7. EVENT DATE(S) THUR 11.29.18, | -FR! 44-39-48- | SAT 12 01 18 | | 8. EVENT IS OPEN TO T | No | | | |
| 9. EVENT LOCATION (Give | e facility name, if any, s | street number and name | e, and aty) | 1 | | | | |
| | | | onica Blvd, Los Ar | LA AFRICATIVALIANDO | 38 | | | |
| 10. LOCATION IS WITHIN | NO NO | 11 TYPE OF ENTER | RTAINMENT | Yes | No | If yes, how | many? 6 | |
| 13. AUTHORIZED REPRE | - | Tiviusic | | | | 14. REPRESENTATIVE | 'S TELEPHONE NUMBER | |
| Jay Boileau | | | | | | | | |
| 15. REPRESENTATIVE'S 6000 Santa Monic | | cles CA 00039 | | | | | | |
| 16. ORGANIZATION'S MA | | | | | | | | |
| | 1 | | | | | 18. DATE SIGNED | | |
| | SENITATIVE'S SIGNA | TURE | | | | 11.12.2018 | | |
| 17. AUTHORIZED REPRO |) | | | | | | | |
| PROPERTY OWNER APP |)/ | EQUIRED | PHONE NUMBER | PROPERTX OV | ENER SIGNATUR | E | DATE SIGNED | |
| 11/ | PHOVAL BY (Name), R | IF APPLICABLE | PHONE NUMBER | (CC | EMENT SIGNATUR | 1 | | |
| PROPERTY WHER APP | PROVAL BY (Name), R | | | LAW ENEGRCI | en | 1 | 11.12.2018 | |

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